

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003234

1. Entity Name
VIERA FUTURE FOUNDATION, INC.



Principal Place of Business
7380 MURRELL ROAD, STE 201
VIERA, FL 32940

Mailing Address
7380 MURRELL ROAD, STE 201
VIERA, FL 32940



04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3720657	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DECATOR, JAY A III ESQ
7380 MURRELL ROAD, STE 201
VIERA, FL 32940

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000915538
05/09/08-80019-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHN, JUDITH C 7380 MURRELL ROAD, STE 201 VIERA, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTELL, PAUL J 7380 MURRELL ROAD, STE 201 VIERA, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, STEPHEN L 7380 MURRELL ROAD, STE 201 VIERA, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul J. Martell
Paul J. Martell

4-21-08 321-242-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #